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CONFIRMATION NO. 2291

SERIAL NUMBER 10/509,603	FILING OR 371(c) DATE 09/27/2004 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. 1708-21
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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/GB03/01377 03/28/2003
 which claims benefit of 60/368,560 04/01/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 04/04/2006

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

Multiport infusion device

FILING FEE RECEIVED 525	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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